

2235

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 144-83
 Registered No. 83

PLACE OF BIRTH

Gila State Arizona
 or Township or Village

Miami No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (If child is not yet named, make supplemental report, as directed.)

Full name of child Carolina Alvizo
 Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? Yes 6. Date of birth June 15th., 1917
 Month Day Year

FATHER
 Name Jose Alvizo
 Residence (Usual place of abode) Langtry, Texas
 If non-resident, give place and state.
 Color or race Mexican 11. Age at last birthday 41 (Years)
 Birthplace (city or place) Lorrion, Mexico
 (State or country)
 Occupation Laborer
 Name of Industry _____

MOTHER
 14. Full maiden name Maria Moneno De Alvizo
 15. Residence (Usual place of abode) Langtry, Texas
 If non-resident, give place and state.
 16. Color or race Mexican 17. Age at last birthday 38 (Years)
 18. Birthplace (city or place) Lorrion, Mexico
 State or country)
 19. Occupation Housewife
 Nature of Industry _____

Number of children of this mother 16 (a) Born alive and now living 1
 taken as of time of birth of child herein (b) Born alive but now dead _____
 (ified and including this child.) (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A m on the date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Mariana Sanchez
Maria Moneno Alvizo
 (Physician or midwife)

ive name added from supplemental report 3/6-6/5-446 Address Deceased
 Month, day, year

Filed 4-11- 19 31 C. E. Irvin
 Registrar. Registrar.